

FILED
May 05, 2006 8:00 am
Secretary of State


50019197

[illegible]

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05-05-2006 90190 004 ***150.00


1. Entity Name
YOUNG'S FRAME & TRIM INC



Principal Place of Business
4910 83RD AVE N
PINELLAS PARK, FL 33781 US

Mailing Address
4910 83RD AVE N
PINELLAS PARK, FL 33781 US

50019197



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

04162006Chg-PCR2E034 (11/05)

4. FEI Number
20-0398166Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
YOUNG, MICHAEL T
4910 83RD AVE N
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATUREMichael T. Young Pres4-27-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE PDDelete
NAME YOUNG, MICHAEL T
STREET ADDRESS 4910 83RD AVE N
CITY-ST-ZIP PINELLAS PARK, FL 33781
TITLE VDDelete
NAME YOUNG, DEBORAH L
STREET ADDRESS 4910 83RD AVE N
CITY-ST-ZIP PINELLAS PARK, FL 33781
TITLE SDDelete
NAME BEAUDREAU, JON P
STREET ADDRESS 4910 83RD AVE N
CITY-ST-ZIP PINELLAS PARK, FL 33781
TITLEDelete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLEDelete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLEDelete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLEDelete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLEDelete
NAME
STREET ADDRESS
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TITLEDelete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATUREMichael T. Young4-27-06727-235-4648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #